ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Grant Application - 2014

Please indicate the category under which you are applying for ADR Commission grant funds:
Court Based ADR Programs
Small Claims Mediation Programs
School Conflict Resolution/Peer Mediation Skills Programs
General Community ADR Education Programs
Mediation Training
Other Programs promoting/using ADR
You are: First-time applicant
Current grantee (if so, have you applied for other funding? See question 9. Also see Public & Private Funding Disclosure Form)
Previous grantee (if so, please provide date of last grant award
Organization/Applicant:
Address:
Telephone Number:Fax Number:
Email Address:
Project Name:
Tax Identification Number:Amount Requested:
Program Director:
Contact Person:
Name of legal entity receiving and responsible for funds:

Please answer the following questions. If you think a question is clearly not applicable to your application, indicate so by writing N/A in the answer space provided.

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1.	Briefly describe your organization, its history and purpose.
2.	Describe specifically why you need these funds, how the funds will be used to further the use or promotion of ADR in Arkansas.
3.	Describe the expected benefits.
4.	What are your goals, planned activities, and a timetable for completion.

5.	If this is an on-going project or program, how do you intend to become financially self-sufficient? What is your timetable for becoming financially self-sufficient? Specifically list any other grants or funding for which you have applied.
6.	Describe the geographical area to be served, the number of people to be assisted, and your methods used to derive this information.
7.	Describe existing or projected community involvement and support for this program/project.
8.	Identify other organizations or projects within your geographical service area that provide the same or similar service, and describe any cooperative work between you

9.	Describe your efforts to obtain other funding.
10.	Describe the potential impact if the ADR Commission grant funds are not made available to you.
11.	Attach a list of the members of your board of directors or other governing entity and their employers.
12.	Are you exempt from income taxation? If so, attach a copy of your IRS exemption letter. If not, describe your charitable, educational, or ADR related purpose.

13.	Attach an executed Grant Assurances Form.
14.	Attach a completed Financial Budget Form. The budget should prioritize each specific use for these funds. The Commission may not be able to grant your entire request for funds, and we need to know which items you consider most necessary for funding.
15.	Briefly describe any additional information that you think we should have.
Please	submit an original and 10 copies of this application and all attachments:
625 M	asas Alternative Dispute Resolution Commission farshall St. Rock, AR 72201-1020
	cations must be received by 4:00 p.m. October 31, 2014. Applications received after e date and time will not be considered regardless of the source of the application or its
Date s	ubmitted:
Person	Preparing Application: Title
Person	Responsible for Funds: